South Carolina Department of Social Services EMPLOYEE EXIT SURVEY

<u>Departing Employee:</u> Your input about your employment with the agency is important to us. We request your assistance by completing this form and returning it to the Human Resources Management Division in the enclosed postage paid business envelope.

_____ Separation Date: _____

_____ Job Title: _____

Please use the following rating to record your responses to the below items. Circle your response.						
		Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	No Opinion
Supervisor explained the job to me.		1	2	3	4	N/A
Supervisor gave me guidance and training to do the job.		1	2	3	4	N/A
Supervisor was knowledgeable of the job I performed.		1	2	3	4	N/A
Supervisor provided performance feedback to me.		1	2	3	4	N/A
Leadership communicated with me.		1	2	3	4	N/A
Leadership was responsive.		1	2	3	4	N/A
Leadership pr	omoted a positive work environment.	1	2	3	4	N/A
Leadership pro	omoted a negative work environment.	1	2	3	4	N/A
Leadership cared about the employees.		1	2	3	4	N/A
Leadership was concerned about my safety.		1	2	3	4	N/A
I had the resources to perform the job.		1	2	3	4	N/A
My workload was too much for one person.		1	2	3	4	N/A
My workload was not enough for one person.		1	2	3	4	N/A
I was satisfied with my salary.		1	2	3	4	N/A
I was not satisfied with my salary.		1	2	3	4	N/A
I received the training to do the job.		1	2	3	4	N/A
Agency provided training opportunities to employees.		1	2	3	4	N/A
There were advancement opportunities.		1	2	3	4	N/A
Agency recognized employees for contributions.		1	2	3	4	N/A
Agency promoted fair and equal treatment.		1	2	3	4	N/A
Agency took employee complaints or problems seriously.		1	2	3	4	N/A
I enjoyed my co-workers.		1	2	3	4	N/A
We want to know why you left employment with DSS. Please select the agency and rank them from one (1) the major factor to three (3)						ices for leaving
Rank	Reason Better Advancement Better Benefits Higher Pay Lack of Supervisory Support Lack of Employee Recognition Lack of Resources Relationship with Management/Supervisor Training Working Conditions Other: (Please explain)					
Would you consider returning to DSS? ☐ Yes ☐ No						

Thank you for taking the time from your busy schedule to complete and return this important survey.

Name: (Optional) ___

Division/County: ____